
FORM 3400-25
LIVESTOCK/POULTRY OPERATION WPDES* PERMIT APPLICATION

*Wisconsin Pollutant Discharge Elimination System

Rev. 10-2002

The attached form, Form 3400-25, is a required component of the Wisconsin Pollutant Discharge Elimination System (WPDES) permit application. It is to be submitted, along with Form 3400-25A and all other required application materials, by the owner or operator of an animal feeding operation under the provisions of chapter NR 243, Wis. Adm. Code, and section 283.53, Wis. Stats. Answer each question as completely and accurately as possible according to these instructions.

NOTE: If you own a farm or animals at another location, you must include information (e.g. animal units, site information) on this application form for all other sites that a) are adjacent to the main farm, or b) share a common manure management system or use common fields for manure application with the main farm. You may attach additional sheets if more room is required for reporting secondary sites.

INSTRUCTIONS FOR FORM 3400-25

A. LEGAL NAME FOR PERMIT ISSUANCE

Indicate the legal name under which the permit is to be issued. This should be the legal name of the parent company if the operation is owned by a corporation or partnership (use the name of the entity registered with the Department of Financial Institutions). Otherwise it should be the legal name of the animal feeding operation. [**Note:** If your animal feeding operation does not have a legal name, the permit will be issued in the name of the person legally responsible for the operation of the facility. In such a case, enter the name from line B2 here.]

B. OPERATOR CONTACT INFORMATION

1. Enter the legal name of the farm or operation to be permitted.
2. This question refers only to on-site contacts knowledgeable about the daily operation of the site. For a single family farm, the farm owner's name should be entered here. For a partnership or a corporation, enter the name of the person on site who is responsible for the management of this operation. [**Note:** Enter information about off-site parent company contacts in Section D.]
- 3 and 4. List the mailing address of the operation along with the telephone number, cellular phone, fax number, and email address of the person named in line B2.

C. PHYSICAL LOCATION OF OPERATION

- 1 and 2. If the address of the physical location of the operation is different from the mailing address listed above in B3, enter it here.
3. If the legal description (Town, Range, Section, Quarter, Quarter/Quarter) is not known, this information can be found in a county platbook. For example, a legal description might be: Eaton Township; Town 26 North; Range 2 West; Section 36; SE $\frac{1}{4}$ of the SE $\frac{1}{4}$.

D. PARENT COMPANY/OWNER INFORMATION (if applicable)

1. Fill out Section D only if the operation is owned by a corporation or partnership. If so, enter the name of the parent company or owner here.
2. This question refers to off-site parent company contacts. List the name and title of the appropriate contact person from the parent company. [**Note:** On-site contacts should be listed in Section B above.]
- 3 and 4. List the mailing address of the parent company, along with the other relevant contact information requested.

E. CROP CONSULTANT

1. Enter the name and company/title of your primary crop consultant.
- 2 and 3. List the mailing address of your primary crop consultant, along with the other relevant contact information requested.

F. DESIGN ENGINEER

1. Enter the name and company/title of your primary design engineer.
- 2 and 3. List the mailing address of your design engineer, along with the other relevant contact information requested.

G. ANIMAL UNITS

1. Use the attached Animal Units Calculation Worksheet (Form 3400-25A) to calculate the number of animal units present on your operation and at other sites under common ownership that a) are adjacent to the main farm, or b) share manure management, storage facilities, or spreading fields with the main farm. Follow the instructions given on the worksheet to calculate current animal units and the number of animal units expected after any proposed expansions. **The Calculation Worksheet must be attached to Form 3400-25 and be submitted with your application.** Check the box in Section H when you have completed the calculation worksheet.
2. Enter the expected dates of all proposed expansions. If you expect future expansions after five years, list these as well.

H. TYPE OF CONFINEMENT FACILITIES

1. Because stormwater runoff controls are required for large animal feeding operations, it is important to report how your animals are currently confined. Check the appropriate box.
Outdoor barnyard or feedlot means a fenced area where the animals are fed but not a pasture. Generally a feedlot will have a high density of animals, will be covered with a manure pack such that periodic cleaning is necessary and will have little or no vegetation.
Housed under roof means totally in a building or shed with no outside feeding or exercising except a pasture.
Both outdoor and partially housed under roof means the animals are fed both in a building and in an outdoor fenced-in area. For example, a dairy operation that has a small barnyard for exercising the cows and a barn for feeding and milking would be in this category.
2. The total area of confinement and the area of any outdoor lots should be calculated for each type of confinement described in I1. (If calculating acreage from footage, one acre is an area approximately 200 feet by 200 feet, or 42,500 square feet.) If more than one type of animal is housed in open confinement, specify the size of each area separately.

I. TYPES OF MANURE STORAGE

1. If you currently have a manure storage structure, check the box that best describes your structure.
Earthen storage facility. A liquid manure storage structure constructed entirely (except for a concrete pad or ramp) of natural soil, hauled-in clay or soil and bentonite.
Earthen storage facility, concrete floor. A structure for storage of liquid or solid manure with a concrete floor and earthen sides. It may have a filter wall picket dam to allow liquid to drain out one side to a separate compartment.
Synthetically lined storage facility. A facility that has a rubber or plastic liner on the bottom and sides to prevent leakage of manure.
Concrete storage facility. An outside manure storage facility constructed so that the entire wetted area is concrete.
Steel above ground tank. A watertight tank constructed of steel with a watertight bottom.
Stacking slab. A structure for storage of solid manure with a watertight base of a material such as concrete and which may have side walls or a low push wall.
Manure stack. A stack of solid manure that is unloaded in an area for spreading at a later date but with no special facilities constructed to contain the manure.
Other. If you use another method of manure storage, specify what it is in the space provided.
2. Indicate the year your manure storage facility was built, its storage capacity in gallons or tons, the total days of storage provided by the facility, and the storage facility's dimensions in feet.

J. MANURE DISPOSAL/TREATMENT

1. Check the methods used for manure disposal.
2. Any liquid or solid manure that is distributed on the fields is "surface spread". If the manure is incorporated into the soil by plowing or disking within 48 hours after it is spread, it is considered to be "incorporated by disking". Pumping or knifing the manure into narrow furrows in the soil made by the spreading machine is considered "injected". A dedicated or fixed system used to surface apply manure is considered "spray irrigation".
3. Report the total acreage that the manure from this operation is normally spread on over a one year period.

SIGNATURE.

The application must be signed and dated by the owner if it's a family farm, by a partner if it's a partnership or by a corporate officer if the operation is incorporated. It is not acceptable for the operation manager to sign the application if he is only an employee of the operation and does not participate in ownership.

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WPDES Permit Number
WI-

Expiration Date

NOTICE: Use of this form is required by the Department for any application filed pursuant to chapter NR 243, Wis. Adm. Code, and section 283.53(3), Wis. Stats. The Department will not consider your application complete unless you complete and submit this application form. Penalties for failure to submit a completed form are established in ss. 283.89 and 283.91, Wis. Stats.

Section 283.91(4), Wis. Stats., provides that: Any person who knowingly makes any false statement, representation or certification in this application shall upon conviction be punished by a fine of not more than \$10,000 or by imprisonment for not more than 6 months or both. Personally identifiable information collected will be used for program administration. The Department may also provide this information to requesters under Wisconsin's open records law [ss. 19.31-19.39, Wis. Stats.].

- Read the attached instructions before filling out this form.
- Print or type the requested information, except for the signature.
- Return this form with your completed WPDES application to your regional Department contact.

A. LEGAL NAME FOR PERMIT ISSUANCE

Legal name of the operation or parent company to which the permit will be issued

B. OPERATOR CONTACT INFORMATION

1. Legal Name of Farm/Operation

2. Name of Operator or Manager

Title

3. Mailing Address-Street, Route or Box

City/Town, State, Zip Code

4. Telephone Number (include area code)

Cell Phone

Fax Number

E-mail Address

C. PHYSICAL LOCATION OF OPERATION

1. Location Address (if different from mailing address in B3 above)

2. County

Township Name

3. Town Number

N

Range Number (E or W)

Section

Quarter

Quarter/Quarter

D. PARENT COMPANY/OWNER INFORMATION (if applicable)

1. Name of Parent Company/Owner (if different from operator in B2 above)

2. Contact Person

Title

3. Mailing Address-Street, Route or Box

City/Town, State, Zip Code

4. Telephone Number (include area code)

Cell Phone

Fax Number

E-mail Address

E. CROP CONSULTANT

1. Name of Crop Consultant

Company/Title

2. Mailing Address-Street, Route or Box

City/Town, State, Zip Code

3. Telephone Number (include area code)

Cell Phone

Fax Number

E-mail Address

F. DESIGN ENGINEER

1. Name of Design Engineer

Company/Title

2. Mailing Address-Street, Route or Box

City/Town, State, Zip Code

3. Telephone Number (include area code)

Cell Phone

Fax Number

E-mail Address

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G. ANIMAL UNITS

1. Use the Animal Units Calculation Worksheet on page three of this form to determine the number of animal units held in confinement or feeding facilities for more than 45 days in a 12 month period. Include all sites under common ownership that a) are adjacent to the main farm, or b) share manure management, storage facilities, or spreading fields with the main farm. Be sure to include the date of any proposed expansions.

☐ Check here after completing the Animal Unit Calculation Worksheet. **The Calculation Worksheet must be included with the application.**

2. List dates of all proposed expansions (MM/YY):

Expansion 1: _____ Expansion 2: _____ Expansion 3: _____

H. TYPE OF CONFINEMENT FACILITIES

1. Animals in this facility are currently:

☐ In outdoor barnyard or feedlot ☐ Housed under roof ☐ Both outdoor and partially housed under roof

2. Approximate area of outdoor lots:

Lot 1: _____ ft x _____ ft Lot 2: _____ ft x _____ ft Lot 3: _____ ft x _____ ft

I. TYPES OF MANURE STORAGE

1. Indicate your current manure storage facility type(s).

<input type="checkbox"/> Earthen storage facility	<input type="checkbox"/> Concrete storage facility	<input type="checkbox"/> Manure stack
<input type="checkbox"/> Earthen storage facility, concrete floor	<input type="checkbox"/> Steel above ground tank	<input type="checkbox"/> None
<input type="checkbox"/> Synthetically lined storage facility	<input type="checkbox"/> Stacking slab	<input type="checkbox"/> Other (Specify) _____

2. Year storage facility was built: _____ Storage capacity (gallons or tons): _____ Total days of storage available: _____ Dimensions (in feet): _____

J. MANURE DISPOSAL/TREATMENT

1. Main Methods of Manure Disposal

☐ Land Application ☐ Composting ☐ Other (Specify) _____

2. Method of Land Application

☐ Surface spread ☐ Incorporated by disking ☐ Injected ☐ Spray Irrigation

3. Average acreage available for spreading on an annual basis

_____ Acres

This application must be signed by an individual who is either an owner of the operation identified in B2 above or a corporate officer if the operation is incorporated.

I certify that I am familiar with the information contained in this application and that to the best of my knowledge and belief such information is true, complete and accurate.

Printed or Typed Name of Official Representative

Title

Signature of Official Representative

Date Application Signed

The Wisconsin Department of Natural Resources provides equal opportunity in its employment programs, services, and functions under an Affirmative Action Plan. If you have any questions, please write to Equal Opportunity Office, Department of the Interior, Washington, D.C., 20240.

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